

UNITED STATES BANKRUPTCY COURT IDAHO - BOISE			PROOF OF CLAIM		
Name of Debtor		Case Number	U.S. COURTS		
LEWANDOWSKI,SHARON,A		0001480JDP	2000 JUN 29 PH 12: 0		
NOTE: This form should not be a administrative expense may be fi		er the commencement of the case. A "request" for payment of an			
Name of Creditor (The person or other entity to whom the debtor owes money or property):		Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	yone else has filed a proof of FRP. ID A III.		
Associates National Bank		Attach copy of statement giving particulars.	THIS SPACE IS FOR COURT USE ONLY		
Name and address where notices should be sent: Associates National Bank (Delaware) Processing Center		 Check box if you have never received any notices from the bankruptcy court in this case. 	received any notices from the		
Des Moines, IA 5036 Telephone number: (800) 7'		Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: Check here if this claim The places a previously filed claim, dated: The places are previously filed claim, dated: The places are previously filed claim, dated:					
1. Basis for Claim Goods sold Services perform Money loaned Personal injury/v Taxes X Other: Credit (vrongful death	Retiree benefits as defined in 11 U.S.C. Wages, salaries, and compensation (Fi Your SS#:	il out below) formed		
2. Date debt was incu	rred: 6/19/2000	3. If court judgment, date obtained:			
If all or part of your of		\$3,421.11 nplete Item 5 or 6 below. n to the principal amount of the claim. Attach itemiz	ed statement		
right of setoff). Brief Description of Col Real Estate Other Value of Collateral: \$	☐ Motor Vehicle	6. Unsecured Priority Claim. Check this box if you have an unsecured pri Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300) of the bankruptcy petition or cessation of the de -11 U.S.C. \$ 507(a)(3) Contributions to an employee benefit plan - 11 Up to \$1,950* of deposits toward purchase, lea for personal, family, or household use - 11 U.S.C. \$ 507(a)(7). Alimony, maintenance, or support owed to a sp 11 U.S.C. \$ 507(a)(7). Taxes or penalties owed to governmental units Other - Specify applicable paragraph of 11 U.S.* *Amounts are subject to adjustment on 4/1/98 and			
the purpose of makin 8. Supporting Docume notes, purchase order court judgments, more DO NOT SEND OR explain. If the docur	nt of all payments on this claim has been creding this proof of claim. ents: Attach copies of supporting documents, rs, invoices, itemized statements of running acretigages, security agreements, and evidence of IGINAL DOCUMENTS. If the documents are ments are voluminous, attach a summary.	such as promissory counts, contracts, perfection of lien. e not available,	THIS SPACE IS FOR COURT USE ONLY		
enclose a stamped, so Date 6/19/2000 Significant	y: To receive an acknowledgment of the filing elf-addressed envelope and copy of this proof of gn and print the name and title, if any, of the creditor is claim (attach copy of power of attorney, if any): LaShonne Jones Bankruptcy Representation	of claim. or other person authorized to file	~		
	Sastistino voltos Santiapio, Representati	T/ Mayor June			

R130-1 11:44:11	RECOVERY MANAG			06/20/00
ACTIVE ASSC		count		REL50
Acct: 54197270022856			Birthdate:	
Tax #: 519022489			Status:	
Name: LEWANDOWSKI, S	Loan Type:	MAST		
Name 2.: ,				
Address: HC 34 MAYFIELD	Officer:	889893		
Address:			Recoverer:	IB13
City: BOISE	State: Il	Ö	Interest %:	.00
Ph(Ho).: 2083312899	Zip: 83	37169800	Received:	06/19/00
Ph(Off): 020000000	County:		Assigned:	06/20/00
Contact Frequency: 000	Commission:	.00		
Comaker: **NONE**			Contract Date:	10/08/96
	Original FOD	Judgment	Last Contact.:	
Charge-Off Amt:	3,421.11	0.00		
Recovered Princ:	0.00	0.00	_	
Net Charge-Off:	3,421.11	0.00	Payment Due:	07/14/00
Associated Costs.:	0.00	0.00	Judgment Date:	
Recovered Costs:	0.00	0.00	Dead Transfer:	
Accrued Interest.:	0.00	0.00	Payment Amt:	0.00
Recovered Int:	0.00	0.00	Past Due Amt.:	85.00
Account Balance:	3,421.11	0.00	Daily Int Amt:	0.00
PF Keys: 3=Prev				
_				